

## Chapter Five Services

### Chapter Overview

**Introduction** This chapter provides information on the ambulance services covered by Medicaid. Services provided must be medically necessary and are subject to the limitations described in this manual. Refer to chapter four for definition of “medical necessity” and other terms.

Both air and ground transportation are covered services.

**In This Chapter** This chapter covers the following topics:

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### Ground Transportation

**Emergency Ground Transportation** Ground transportation may be necessary for the recipient to receive immediate and prompt medical services that arise in situations such as accidents, acute illness, or injuries. Reimbursement of ambulance service is based on level of service rendered not the type of vehicle used.

**Types of Emergency Ground Transportation**

- Basic Life Support (BLS) ---codes A0322; A0380
- Advanced Life Support (ALS) ---codes A0330; A0390

See Appendix A for code listing and description.

**Examples** Some examples of conditions that may require emergency ground transport are:

- unconsciousness or shock
- severe burns
- severe anaphylactic reaction
- diabetic coma or insulin shock
- severe injury resulting from an accident
- crowning
- rape victim
- overdose
- fractures requiring immobilization when any other means of transportation would endanger the recipient’s health

**Note:** This list is not all-inclusive.

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## Ground Transportation, continued

### Emergency Ground Transportation Covered Services

The following table lists and explains the covered services for emergency ground transportation after medically necessary criteria are met.

Covered Service	Explanation
Emergency transportation to the nearest appropriate facility	Transportation to the nearest appropriate facility that can provide the needed medical care.
Emergency transportation to a physician's office	<b>Both</b> the following conditions must be met: <ol style="list-style-type: none"> <li>1. there is a medical need to stabilize the recipient by professional medical attention while enroute to the hospital</li> <li>2. ambulance continues the trip to the hospital immediately after stabilization</li> </ol>
Emergency transportation from hospital to hospital when transferring facility does not have adequate facilities to provide needed care	Examples: burn, neonatal, and trauma units Note: coverage is available only if transferred to the closest appropriate facility
Medically necessary transportation of a recipient after seizure	Example: seizure caused by cardiac arrhythmias, etc.  The seizure should be a witnessed event with the witness describing the event in detail.  Call reports must describe the recipient's condition in sufficient detail to support the medical necessity of the transport (i.e. describe the condition that supports transport by other means might endanger the life of the individual)  Billing should be based on the level of service rendered
Medically necessary transportation of a recipient in labor	Medical necessity <u>may</u> be present in the following situations: <ol style="list-style-type: none"> <li>1. crowning</li> <li>2. hemorrhage or abortion</li> <li>3. preterm labor (prior to 37 weeks)</li> <li>4. premature rupture of membranes</li> <li>5. abruptio placentae</li> <li>6. transport from small hospital to tertiary hospital when recipient is in preterm labor</li> </ol> Note: use code 92 in form locator 24 of the UB-92 claim form for acute illness in conjunction with condition code 93 (OB) to indicate emergency situations involving pregnancy

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## Ground Transportation, continued

### Emergency Ground Transportation Covered Services, continued

Covered Service	Explanation
Transportation of a hospice recipient	<p><b>Only</b> if the emergency is not related to the terminal illness and related conditions of the terminal illness</p> <p>Example: A hospice determines a patient's condition has worsened and has become medically unstable. A hospital stay is necessary for proper palliation and management of the condition. The hospice adds this inpatient stay to the plan of care and decides that, due to the patient's fragile condition, the patient needs to be transported to the hospital by ambulance. The ambulance service becomes a covered hospice service. The ambulance provider may not bill the trip to Medicaid.</p>
Transportation for a recipient residing in a nursing home	Medical criteria for emergency must be met
Medically necessary services provided when more than one vehicle responds to the same call, <b>both</b> render medical services, only one vehicle transports	<p>Transporting ambulance will be paid</p> <p>Nontransporting ambulance will be paid a one-way payment</p> <p>Both providers rendering medically necessary services will be paid for the level of service rendered</p> <p>Use condition codes to support the level of service provided</p> <p>Examples: - major accident where multiple vehicles were called                          - first vehicle begins service to control bleeding and determines that a higher level of service is needed; paramedic from an advanced life support vehicle boards first vehicle to initiate an IV</p>
Transportation of a deceased recipient	<p>When recipient was pronounced dead <u>after</u> the ambulance was called but before pickup</p> <p>Non-emergency service to the point of pickup is covered</p> <p>When recipient is pronounced dead enroute to the destination or upon arrival, the ambulance service is covered</p>

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## Ground Transportation, continued

### Emergency Ground Transportation Covered Services, continued

Covered Service	Explanation
When an ambulance is called, medically necessary services are rendered, and recipient refuses transport	Reimbursement is based on the level of service rendered
Recipient is returned to point of pickup, or other delivery point different from point of pickup, within a base rate at a later time by same provider on same date of service	Payment will be allowed for two (2) one-way trips plus mileage, if applicable  Level of service is determined by medical necessity and qualifying criteria

### Non-emergency Ground Transportation

A recipient must be bed-confined and have debilitating physical condition(s) that require travel by stretcher only and require ground transportation to receive medical services. The recipient's condition must meet the definition of medical necessity. See definition, non-emergency medical necessary, in Chapter Four. The recipient must need medical services that cannot be provided in the place of residence. (e.g. requires diagnostic and/or therapeutic services such as CT scans, MRIs, angiograms, endoscopies, ultrasound/echography, radiation therapy) Reimbursement is based on the level of service rendered not the type of vehicle used.

### Non-emergency Ground Transportation Covered Services

The following table lists and explains the covered services for non-emergency ground transportation.

Documentation on the call report and /or attachments must justify the medical necessity of the transport. Lack of documentation may result in payment recoupment. Documentation must be kept on file for a period of no less than five (5) years and be available to DMA or it's agent upon request.

Covered Service	Description
Transportation to and from physician directed office, clinic, or other medical facility	To receive medical services that cannot be provided where the recipient resides as an inpatient/resident
Medically necessary transportation for state to state placement or out of state services which have been prior approved	Prior approval is required. See chapter six, prior approval  Example: placement in an out-of-state rehabilitation facility and return placement to North Carolina
Medically necessary ground transportation from hospital to nursing facility or adult care home	Medical necessity criteria must be met  Ambulance transport is not considered medically necessary when other transport means can be safely used

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## Ground Transportation, continued

### Non-emergency Ground Transportation Covered Services, continued

Covered Service	Description
Recipient is returned on same date of service by same provider	Payment will be allowed for a round- trip plus mileage, if applicable
Recipient is transported and returned to point of pickup or other delivery point by different provider on same date of service	Each provider will be allowed a one-way trip plus mileage, if applicable  Level of payment is determined by medical necessity and qualifying criteria
Recipient is returned to point of pickup or other delivery point at a later time, by same provider, on same date of service; ambulance is available for other transports  Note: If ambulance is not available for other transports it is a round trip.	Payment will be allowed for two (2) separate one-way trips plus mileage, if applicable  Example: return trip on the same day at a different hour of a nursing home stretcher bound resident receiving dialysis treatment in another facility

## Air Transportation

### Covered Services

Air transportation applies to both helicopter and fixed wing crafts.

Air transportation is a covered service when the following conditions are met:

1. Transportation must be to the nearest hospital with appropriate facilities.
2. Recipient's medical condition requires immediate and rapid transportation that could not be provided by ground ambulance. Example:
  - it would take 90 minutes to transport by land ambulance and air transport would take 30 minutes
3. When point of pickup is inaccessible by land, great distances, or other obstacles are involved with transport.
4. State to state placement if medically necessary criteria are met and prior approval is obtained. See definitions in Chapter Four and prior approval section in Chapter Six.

### Examples

Some examples of situations that may require air transportation are:

- intracranial bleeding requiring neurological intervention
- cardiogenic shock
- burns requiring treatment at a burn center
- multiple severe life threatening injuries
- life threatening trauma

**Note:** This list is not all-inclusive.

## Noncovered Services

### Examples of Noncovered Ambulance Services

The following circumstances describe situations for which ambulance services will be denied.  
Note: This list is not all-inclusive.

Noncovered Services	Circumstances
Recipient is transported to an emergency room from nursing facility	For medical services that could be rendered at the nursing facility
Unavailability of other means of transportation	This is not a “medical necessity”
Transportation for a medical service that is not a Medicaid covered service	
Transportation of recipient from a hospital to a nursing facility or adult care home when other means of transportation can be safely used	
Recipient transported to more distant facility solely to receive services of hospital or physician of choice	
Transportation of routine maternity recipients	Example: those recipients without complications which would endanger the life of the mother and/or child
Transport becomes a hospice covered service	Transport of hospice recipient to hospital when a hospital stay is necessary for proper palliation and management of the terminal condition
Transport is a covered nursing facility service	Transport of recipient residing in nursing home, insufficient documentation to justify medical necessity for the transport  Example: recipient’s medical/physical condition does not warrant transport via stretcher, therefore could be transported by the facility utilizing routine transportation
Transport of a deceased recipient	The recipient is pronounced deceased by someone legally authorized to make such a pronouncement <u>prior</u> to calling the ambulance
Waiting time on round-trips	No additional payment may be made  Waiting time is included in the round trip reimbursement  Recipient may not be billed

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## Noncovered Services, continued

### Examples of Noncovered Ambulance Services, continued

Noncovered Services	Circumstances
Charges incurred for care by any additional personnel while in transport	Care from additional personnel such as RN, LPN, or Respiratory therapist while in transport
Transport from a nursing facility to hospital outpatient department for reinsertion of feeding tube	This procedure can be performed at the nursing facility by a professional  Exception: If anesthesia has to be administered or after several failed attempts by nursing staff at nursing facility
Recipient's condition, diagnosis, or circumstances do not medically justify use of an ambulance	
Recipient is not transported	Exception: emergency medical services are rendered and recipient refuses transport
Air ambulance transport to a facility that is not an acute care hospital	Example: transport to a nursing facility or physician's office
Medically appropriate air transport, but the recipient could have been treated at a closer facility than the one transported to	Air transport payment limited to rate for the distance from point of pickup to the nearer hospital
Trips to pickup personnel	Example: ambulance picks flight-crew up at airport and transports back to hospital
Ambulance service based on type of vehicle used	Reimbursement is based on level of service rendered

## Documentation Requirements and Record Retention

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### Call Reports

Call reports must support the medically necessary and the condition codes billed.

A call report must:

- be legible
  - include complete description of recipient at time of transport
  - include data on how, when, where recipient was found, vital signs, level of consciousness, etc.
  - document all treatments rendered and recipient's response to treatments
  - describe in sufficient detail recipient's condition to justify transportation could only be made by stretcher
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### Call Reports for Transports for Non-emergency Medical Services

Transport to recipient's regular treating physician office or clinic is considered the "closest appropriate facility".

Purpose of treatment for medical services must be documented. Medical necessity for stretcher transport must be supported by the documentation.

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### Call Report Retention

Call reports, attachments, prior approval forms, and any documentation prepared or received in regard to the service rendered must be maintained for a period not less than five (5) years from the date of service.

Providers shall disclose call reports and other documentation as stated above to DMA or their agent upon request.

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### Note:

Both emergency and non-emergency service call reports must document the transport is to the "closest appropriate facility".

Submission of call reports is not required when filing ambulance claims. Submit call reports only when requested to do so.

Lack of documentation on the call report to justify ambulance services can result in payment recoupment.

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